

# Maricopa County

Group #4500

## ➤ Delta Dental of Arizona

- Established in 1972-Non-Profit Health Service Organization
- Arizona's "Top Ranked" #1 Dental Insurance Company for the last six years by The Business Journal.
- Provide benefits to over 500,000 Arizonans within nearly 1,200 groups
- Over 2,300 contracted dentists within Arizona's network and 152,000 Premier dentists nationwide.

# Freedom of Choice

- Regardless of what state the employee or their covered dependents have a dental procedure performed, whether residing, attending a University or on vacation, the claim payment will be based according to the participating providers fees in that state.
- Each covered member and their covered dependents may chose or change dentists at any time, without a waiting period or paperwork.
- If your dentist recommends a specialist for certain services, you have the option of seeing that specialist, or selecting one of your own.

# Participating & Non-Participating Dentists

- Participating Dentists:
  - “NO” Balance Billing!
  - Will submit claim forms to Delta for the member/dependent.
  - Will accept payment directly from Delta.
  - Will only charge the co-pay or deductible (if any) for covered benefits.
  - Will accept the lesser of their filed fee or Delta’s allowable fee, less your co-pay amount.
- Non-Participating Dentists:
  - You are responsible for filing claim forms.
  - You will receive payment from Delta for the covered amount, based on Delta’s non-participating dentist fee allowance or the billed charge whichever is less.

# Plan Design and Benefits

***ROUTINE SERVICES*** (01/01/06 - 12/31/06)

100%

## **DIAGNOSTIC:**

- Exams, evaluations or consultations (Twice in a benefit year)
- X-rays: Full Mouth/Panorex or vertical bitewings (Twice in a three-year period)
- Bitewing (Twice in a benefit year)
- Periapical

## **PREVENTIVE:**

- Routine Cleanings (limited to twice in a benefit year, or one difficult cleaning may be exchanged for one routine cleaning. However, the difficult cleaning is limited to not more than once in a five-year period.)
- Topical Application of Fluoride (children through age 17 –Twice in a benefit year)
- Sealants for Children (Once per three-year period for permanent molars & bicuspid up to age 19)
- Space Maintainers (For missing posterior primary (baby) teeth)

## **EMERGENCY: (Palliative treatment)**

- Treatment for the relief of pain

# Plan Design Cont'

## ***BASIC SERVICES***

80%

### **RESTORATIVE:**

- Fillings consisting of silver amalgam; and, for front teeth only, synthetic tooth color fillings
- Stainless Steel Crowns (For primary (baby) teeth only)

### **ORAL SURGERY:**

- Extractions

**ENDODONTICS:** Root Canal Treatment (Permanent Teeth); Pulpotomy (Primary (baby) Teeth)

### **PERIODONTICS:**

- Treatment of Gum Disease (Non-surgical-once every two years/Surgical once every three years)
- Periodontal maintenance following periodontal treatment (limited to two cleanings per year in addition to routine cleanings)

### **BRIDGE AND DENTURE REPAIR:**

- Repair of such appliances to their original condition including relining of dentures.

# Plan Design Cont'

## ***MAJOR SERVICES***

**50%**

### **PROSTHODONTICS:**

- Bridges (Does not provide for lost, misplaced or stolen bridges or dentures.
- Partial Dentures Five-year waiting period for replacement last performed)
- Complete Dentures

### **RESTORATIVE:** (Five-year waiting period for replacement last performed)

- Cast Crowns - Jackets – Onlays – Inlays – synthetic posterior fillings - Implants

## ***ORTHODONTIC SERVICES***

**50%**

- For adults & children age 8 and older, and benefits are limited to a maximum of **\$3,000** lifetime of the patient. This orthodontic maximum is separate from the benefit year maximum.

## **BENEFIT YEAR MAXIMUM:**

**\$2,000**

## **BENEFIT YEAR DEDUCTIBLE:**

**\$50.00 per Person; \$100.00 per Family**

- Note: Deductible does not apply to (Routine Services)
- Predetermination recommended for services over \$250
- **BENEFITS SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT.**



# Customer Service & Claims

- Delta Dental of Arizona
- Toll Free # 1-800-352-6132
- Local Phone # 602-938-3131
- web site: [www.deltadentalaz.com](http://www.deltadentalaz.com) can be used to access member benefits, eligibility and claims history
- DAISY - Delta's Automated Information System is available via the toll free or local phone number for convenience in obtaining eligibility, benefit and claims payment information.

# Features & Benefits

- Maricopa County's Group #4500
- Freedom of Choice Plan
- Benefits remain uniform for Participating & Non-Participating Dentists
- Specialty Services - without referrals
- Out of Area Services - anywhere in the world (not limited to emergency services)
- No Pre-existing conditions or missing tooth clauses (there are some time limitations for replacement benefits)
- Claims and Customer service are handled locally here in Phoenix, AZ
- Immediate access to member benefits, eligibility, provider searches and claims history through Delta Dental's website